

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/512592

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		3				
5		⑤				
6						
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24						
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26						
27		①				
28		/				
29		/				
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36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43		⑦				
44		⑥				
45		⑤				
46		④				
47		③				
48		/				
49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		①				
59		①				
60		⑦				
61		⑧				
62		⑧				
63		/				
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						